UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re: | Case No. 14 B 45125 |
|-------------------|---------------------|
| Clifford A Koepke | |
| | |
| Debtor(s) | |
| | |

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on <u>12/19/2014</u>.
- 2) The plan was confirmed on 04/09/2015.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 04/25/2016.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 05/31/2017, 10/30/2017.
 - 5) The case was Dismissed on 11/29/2017.
 - 6) Number of months from filing to last payment: 31.
 - 7) Number of months case was pending: <u>46</u>.
 - 8) Total value of assets abandoned by court order: <u>NA</u>.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$508.50 Less amount refunded to debtor \$15.37

NET RECEIPTS: \$493.13

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$0.00
Court Costs \$0.00
Trustee Expenses & Compensation \$17.97
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$17.97

Attorney fees paid and disclosed by debtor: \$0.00

| Scheduled Creditors: | | | | | | |
|---------------------------------------|-----------|--------------------|-------------------|------------------|-------------------|--------------|
| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
| Addison Emergency Physicians | Unsecured | 524.00 | NA | NA | 0.00 | 0.00 |
| Addison Radiology Associates | Unsecured | 79.00 | NA | NA | 0.00 | 0.00 |
| Adv. Condell Immediate Care Ctr | Unsecured | 81.00 | NA | NA | 0.00 | 0.00 |
| AT&T Corp | Unsecured | 104.63 | NA | NA | 0.00 | 0.00 |
| Bank of America NA | Unsecured | 101.85 | NA | NA | 0.00 | 0.00 |
| Bank of America NA | Unsecured | 123.23 | NA | NA | 0.00 | 0.00 |
| Bethel Center | Unsecured | 212.00 | NA | NA | 0.00 | 0.00 |
| Bonnie J. Benzies | Unsecured | 60.00 | NA | NA | 0.00 | 0.00 |
| Central Addison Medical Group LLC | Unsecured | 45.00 | NA | NA | 0.00 | 0.00 |
| Central DuPage Hospital | Unsecured | 226.23 | NA | NA | 0.00 | 0.00 |
| Check Express | Unsecured | 300.00 | NA | NA | 0.00 | 0.00 |
| City of Chicago Corp Counsel | Unsecured | 525.00 | NA | NA | 0.00 | 0.00 |
| City of Chicago Corp Counsel | Unsecured | 1,510.00 | NA | NA | 0.00 | 0.00 |
| City of Chicago Department of Revenue | Unsecured | 2,925.40 | 2,925.40 | 2,925.40 | 252.74 | 0.00 |
| City of Chicago EMS | Unsecured | 333.00 | 333.00 | 333.00 | 28.77 | 0.00 |
| City of Chicago EMS | Unsecured | 241.00 | 241.00 | 241.00 | 13.93 | 0.00 |
| City of Chicago EMS | Unsecured | 310.00 | NA | NA | 0.00 | 0.00 |
| Comcast | Unsecured | 778.00 | NA | NA | 0.00 | 0.00 |
| Commonwealth Edison Company | Unsecured | 287.00 | 287.25 | 287.25 | 24.82 | 0.00 |
| Community Radiology Ltd | Unsecured | 48.00 | NA | NA | 0.00 | 0.00 |
| Cook County Dearptment of Revenue | Priority | 90.00 | NA | NA | 0.00 | 0.00 |
| David Lieb, M.D. | Unsecured | 30.00 | NA | NA | 0.00 | 0.00 |
| DIRECTV | Unsecured | 518.89 | NA | NA | 0.00 | 0.00 |
| Emergency Room Care Providers | Unsecured | 459.00 | NA | NA | 0.00 | 0.00 |
| Holy Cross Hospital | Unsecured | 1,186.20 | NA | NA | 0.00 | 0.00 |
| Humboldt Park Emergency Service, SC | Unsecured | 277.00 | NA | NA | 0.00 | 0.00 |
| Illinois Tollway | Unsecured | 1,070.90 | 1,070.90 | 1,070.90 | 92.53 | 0.00 |
| Internal Revenue Service | Priority | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Internal Revenue Service | Unsecured | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Marquette Radiology Associates, LLC | Unsecured | 122.00 | NA | NA | 0.00 | 0.00 |
| Michael Reese Medical Ctr | Unsecured | 717.02 | NA | NA | 0.00 | 0.00 |

| Scheduled Creditors: | | | | | | |
|-------------------------------------|-----------|--------------------|-------------------|------------------|-------------------|--------------|
| Creditor Name | Class | Claim Scheduled | Claim Asserted | Claim Allowed | Principal Paid | Int. Paid |
| Nicor Gas | Unsecured | 272.84 | 272.84 | 272.84 | 15.77 | 0.00 |
| Norwegian American Hospital | Unsecured | 749.21 | NA | NA | 0.00 | 0.00 |
| Norwegian American Hospital | Unsecured | 81.00 | NA | NA | 0.00 | 0.00 |
| Peoples Energy Corp | Unsecured | 539.00 | 539.36 | 539.36 | 46.60 | 0.00 |
| Shahriar Dadkhah, M.D.S.C. | Unsecured | 56.10 | NA | NA | 0.00 | 0.00 |
| St. Francis Hospital | Unsecured | 25.00 | NA | NA | 0.00 | 0.00 |
| St. Mary of Nazareth Hospital | Unsecured | 549.00 | NA | NA | 0.00 | 0.00 |
| TRS Recovery Services, Inc. | Unsecured | 155.02 | NA | NA | 0.00 | 0.00 |
| U.S. Cellular | Unsecured | 333.00 | NA | NA | 0.00 | 0.00 |
| Verizon Wireless | Unsecured | 902.97 | NA | NA | 0.00 | 0.00 |
| Village of Bellwood | Unsecured | 500.00 | NA | NA | 0.00 | 0.00 |
| Village of Forest Park | Unsecured | 150.00 | NA | NA | 0.00 | 0.00 |
| Village of Oak Park | Unsecured | 160.00 | NA | NA | 0.00 | 0.00 |
| Winfield Laboratory Consultants, SC | Unsecured | 2.70 | NA | NA | 0.00 | 0.00 |

| Summary of Disbursements to Creditors: | - | - | |
|--|------------|-------------|-------------|
| • | Claim | Principal | Interest |
| | Allowed | <u>Paid</u> | <u>Paid</u> |
| Secured Payments: | | | |
| Mortgage Ongoing | \$0.00 | \$0.00 | \$0.00 |
| Mortgage Arrearage | \$0.00 | \$0.00 | \$0.00 |
| Debt Secured by Vehicle | \$0.00 | \$0.00 | \$0.00 |
| All Other Secured | \$0.00 | \$0.00 | \$0.00 |
| TOTAL SECURED: | \$0.00 | \$0.00 | \$0.00 |
| Priority Unsecured Payments: | | | |
| Domestic Support Arrearage | \$0.00 | \$0.00 | \$0.00 |
| Domestic Support Ongoing | \$0.00 | \$0.00 | \$0.00 |
| All Other Priority | \$0.00 | \$0.00 | \$0.00 |
| TOTAL PRIORITY: | \$0.00 | \$0.00 | \$0.00 |
| GENERAL UNSECURED PAYMENTS: | \$5,669.75 | \$475.16 | \$0.00 |

| Disbursements: | | |
|---|---------------------|-----------------|
| Expenses of Administration Disbursements to Creditors | \$17.97 \$475.16 | |
| TOTAL DISBURSEMENTS : | | <u>\$493.13</u> |

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 10/22/2018 By:/s/ Marilyn O. Marshall

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.